

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035487

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15

Primary Registration District No. 9013

Registrar's No. 94

FILED OCT 8 1963

1. PLACE OF DEATH

a. COUNTY

Swinton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clinton

c. CITY OR TOWN

Inside Limits

Yes ☐ No ☒

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cameron

Length of stay in 1b

24 hrs

c. CITY OR TOWN

Lathrop Twns.

c. FULL NAME OF (If NOT in hospital, give location)

Cameron Hosp

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

R.E.A 4 mi S. Turner

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Frederick

Middle

Gall

Last

4. DATE OF DEATH

Month

Day

Year

Oct. 7

1963

5. SEX

Male

6. COLOR OR RACE

Wh.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

9-24-1875 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

Clinton Co Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Henry Gall

13b. MOTHER'S MAIDEN NAME

Angeline Tipton

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Ray Gall

Address

Turner, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anoxia

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Heart Failure

5 yrs

DUE TO (c)

Arteriosclerotic Heart Disease

20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Emphysema - Hemiparesis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

20b. SUICIDE

20c. HOMICIDE

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 27, 1961, October 5, 1963 and last saw him alive on 10-3-63

Death occurred at

7:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

23e. DATE RECD. BY LOCAL REG.

23f. REGISTRAR'S SIGNATURE

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

25. REGISTRAR'S SIGNATURE

25. DATE RECD. BY LOCAL REG.

25. REGISTRAR'S SIGNATURE

25. DATE RECD. BY LOCAL REG.

DeMoss CRUNK, CAMERON, MO OCT 7 1963 Francis D. Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED		
10251			
20350			
3			
4 0			
5 3			
6			
7 0			
8 2			
94200			
10			
11			
12 1-2			
13 2-0			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Dermond Frank

Licensed Embalmer No.

2583

P. O. Address

Cameron Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.